

### **IIIE. State Agency Coordination**

The following provides a brief description of the collaborative relationships the Office of Maternal and Child Health (OMCH) maintains within OMCH and within DOH, and with the MAA (Title XIX), other state agencies, and other organizations. The outcomes of many of these collaborations are described in more detail in other portions of this application.

//2007/ MAA changed its name to the Health and Recovery Services Administration (HRSA).//2007//

Washington State Board of Health (SBOH): The SBOH is an independent 10-member board appointed by the Governor. The Secretary of Health is a required member. OMCH works with SBOH on children's health issues, including newborn screening; prenatal screening; HIV testing of pregnant women; immunization requirements for school and child care attendance; and hearing, vision, and scoliosis screening in schools. OMCH also worked with the SBOH on a legislatively mandated study on genetics.

#### **1. OMCH Relationships with Other Offices Within DOH**

Assessment Operations Group (AOG): The MCH Assessment section (MCHAS) and other DOH epidemiology staff participate in a monthly department-wide AOG to set standards for all assessment functions within DOH, coordinate assessment activities, and facilitate communication across the department. The MCH Assessment section manager sits on the AOG. This collaboration has resulted in improved coordination with the Center for Health Statistics and local health jurisdiction (LHJ) assessment staff.

Community and Rural Health: OMCH works with the DOH Office of Community and Rural Health on several issues such as identifying unmet needs, women's health, obstetrical access, immunization rates, and domestic violence.

The DOH Family Violence Prevention Workgroup: This agency workgroup is comprised of representatives from OMCH, Injury Prevention Program, Emergency Medical Services (EMS), and Family Planning. They meet monthly to coordinate activities and plan, evaluate, and secure resources to decrease family violence.

Environmental Health: CHILD Profile is working with Environmental Health to determine priority environmental health risks for children and develop educational materials to increase parental knowledge of how they can protect their children from several environmental toxins. The Office of Environmental Health Assessments and CHILD Profile developed the "Fish Facts for Good Health" brochure which explains the risks of ingesting high levels of mercury and how to limit exposure to mercury.

//2007/ The Immunization Program and the CHILD Profile sections merged to create the Immunization Program CHILD Profile (IPCP) section.//2007//

Office of Epidemiology: The childhood Lead Poisoning Prevention Program and CHILD Profile developed the "Lead and Your Kids" brochure, which is being distributed to parents of children 6 months of age. This brochure discusses how to reduce exposure to lead in and outside the home.

Office of Infectious Disease and Reproductive Health (IDRH): OMCH collaborates with the HIV/AIDS and Family Planning and Reproductive Health Programs (FPRH) in IDRH and other contractors through the MCH/HIV Workgroup. The focus of this workgroup is to develop effective policies and programs for HIV/AIDS prevention and care in the MCH population and increase the number of medical providers who recommend HIV testing for all pregnant women. OMCH also works with FPRH to reduce unintended pregnancies and promote the Take Charge Program.

//2007/ Communicable Disease Epidemiology Program (CDEP): IPCP has an agreement with CDEP to provide rash illness investigation and reporting.//2007//

Injury Prevention: OMCH collaborates with the Injury Prevention Program and partially funds data collection and reporting of intentional and unintentional injuries, youth suicide, and family violence. CHILD Profile partners with the Injury Prevention Program to provide product safety messages to Washington State parents with children between birth to six years of age.

Oral Health: The OMCH Oral Health Program collaborates with the DOH Environmental Health Division, Epidemiology Program, Office of Health Promotion, Office of Community and Rural Health, and HIV/AIDS Program to enhance preventive oral health care and address unmet needs. OMCH also works with the Office of Drinking Water on fluoridation. The Maternity Support Services Program (MSS) educates providers regarding pregnancy and oral health and makes educational materials available to women on Medicaid.

Healthy Child Care Washington (HCCW): HCCW works with the Division of Environmental Health, the Immunization Program, CHILD Profile, Bright Futures, Parent Education/Family Support, and Child Death Review (CDR) teams related to SIDS prevention and oral health.

Tobacco Control and Prevention Program (TCPP): OMCH continues to work closely with TCPP on maternal and infant health issues. TCPP funded development and training for the MSS tobacco cessation project, and worked with OMCH staff to successfully advocate for Medicaid coverage of smoking cessation treatment for pregnant women. TCPP contributes funds to the Healthy Mothers Healthy Babies (HMHB) toll-free line, which now asks callers about tobacco use and includes Tobacco Quit Line information in their prenatal and child health education packets. The TCPP is also involved in developing the Healthy Youth Survey (HYS) and provides major funding for this survey. TCPP works closely with the Pregnancy Risk Assessment Monitoring System (PRAMS) survey by helping to fund the survey and by providing guidance on tobacco-related questions and analysis.

//2007/TCPP funds MIH to exhibit tobacco-related materials at continuing medical education events.

HMHB is now called WithinReach: Essential Resources for Healthy Families. The maternal and child health hotline is called Family Health Hotline.//2007//

WIC: OMCH collaborates with the WIC Program to promote breast-feeding, exchange data, enhance referrals, address access to care issues between WIC and First Steps, coordinate coverage for special formulas for children covered by Medicaid, and provide cross-training. OMCH provides training and materials to WIC program staff on methods for identifying and intervening with victims of domestic violence and child abuse, and promoting good oral health practices. OMCH also collaborates with WIC through a contract with HMHB. MIH and WIC have collaborated to revise the parent education booklet titled, "Nine Months to Get Ready", which is used for client education by WIC and Maternity Support Services providers. Given federal requirements that WIC assess DTaP immunization completion, the Immunization Program and CHILD Profile are working with WIC to determine how to use the CHILD Profile Immunization Registry to fulfill this requirement and enhance immunization rates.

Women's Health Resource Network (WHRN): WHRN is a forum for department wide input and response to current and emerging women's health issues and service gaps including data on women's health, policy related to program services, quality assurance and standards development, and changes in the health care system. The goal of the WHRN is to assist DOH in building state and local capacity to address the needs of women and their health concerns throughout their lives. WHRN includes representatives from 16 Community and Family Health and Environmental Health programs.

/2007/ Office of Newborn Screening (ONBS): Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) staff are co-located with ONBS dried blood spot staff at the Public Health Laboratory. This allows for strengthened networking and the sharing of resources for similar procedures. CSHCN works with ONBS to ensure coverage for nutrition products for children identified with metabolic disorders. //2007//

## 2. OMCH Relationships with Local Health Jurisdictions (LHJs)

In Washington State, OMCH contracts with 35 LHJs to address maternal and child health needs in local communities. OMCH program staff work closely with LHJs to oversee contract activities and provide consultation and technical assistance. OMCH administrators and staff meet regularly with the Nursing Directors of LHJs and other local MCH staff through quarterly MCH Regional meetings. OMCH provides technical assistance and data support for the local CDR teams throughout the state. Some of the activities provided by LHJs are described in the performance measure narratives. /2007/A report of LHJ activities is available by contacting Candi Wines at [candi.wines@doh.wa.gov](mailto:candi.wines@doh.wa.gov) or 360-236-3459.//2007//

## 3. OMCH Relationships with Department of Social and Health Services (DSHS)

DOH maintains close relationships with DSHS programs to best serve our similar population groups. The agencies collaborate to maximize federal administrative match, build on the strengths of each department to promote the best outcomes for clients, generate and utilize data needed by both agencies, provide coordinated program services for clients, and provide complementary services and avoid duplication.

Health and Recovery Services Administration (HRSA) (Title XIX) (formerly MAA): An interagency agreement between HRSA and OMCH has existed for 14 years. Partnerships between OMCH and HRSA have developed with the mutual goal of assuring quality health services for pregnant women, infants, children, and adolescents served by Medicaid.

OMCH participates on the Medicaid External Quality Review Organization Contract committee (EQRO), the HRSA Early Periodic Screening Diagnosis and Treatment (EPSDT) Improvement Committee, and the HRSA Immunization Partnership Committee.

HRSA provides administrative match for PRAMS activities not covered by the CDC grant. PRAMS data are stratified by Medicaid recipient status and used by the First Steps program to evaluate the effectiveness of program services.

CHILD Profile's partnership with HRSA resulted in matching funds for CHILD Profile activities, data sharing agreements, HRSA participation in developing the health promotion materials for parents, and HRSA participation in the CHILD Profile Advisory group. HRSA and CHILD Profile are working together to maintain and expand partnerships with the state's health plans.

The CSHCN Section staff work with HRSA to improve access to and quality of health services for children with special health care needs through CSHCN Communication Network meetings and to implement quality assurance measures and data sharing for Title V children in Medicaid managed care. HRSA and CSHCN have also worked closely to share information about undocumented children who were covered by state-funded Medicaid programs until September 30, 2002 when the state Legislature discontinued this funding. While a coverage option was provided through the Basic Health Plan for this population, all costs are not covered and a premium is required. The 2005 Legislature partially reinstated medical coverage for undocumented children. CSHCN will continue to work with HRSA to monitor the utilization of this coverage.

The Immunization Program works extensively with HRSA on the Vaccines for Children (VFC) Program to ensure VFC-qualified children receive adequate immunizations.

OMCH provides state funding match for Medicaid prenatal genetic counseling services. OMCH staff oversee the program and work with HRSA to ensure that up-to-date billing instructions are in place. Medicaid also covers genetic counseling services for new parents up to 90 days after birth.

Medicaid Dental Program: The OMCH Oral Health Program collaborates with HRSA on access to dental services for children receiving Medicaid services. OMCH and HRSA both participate on a statewide oral health coalition and meet together regularly on the Access to Baby and Child Dentistry (ABCD) Initiative and other access issues.

Division of Alcohol and Substance Abuse (DASA): OMCH actively participates in the oversight committee for developing, implementing, and evaluating a comprehensive treatment program for chemically dependent pregnant or parenting women and their young children.

Children's Administration (CA): OMCH works with CA, which includes Child Protective Services (CPS), Child Care, Foster Care, and other offices, on subjects of joint concern, such as chemically dependent pregnant women, child maltreatment, Child Death Review, and mental health. A cross-office and cross-agency group meets to improve services and coverage for children in foster care who are considered to be children with special health care needs.

/2007/CSHCN works with CA to address health care access issues in the foster care system./2007//

Mental Health Division (MHD): The OMCH Mental Health Workgroup collaborates with MHD to identify services, available data, and possible gaps. CSHCN continues to provide MHD with data to comply with the Center for Medicaid and Medicare Services (CMS, formerly HCFA) requirements for the Medicaid 1915B waiver. This information provides the means to identify the number of children with special health care needs served by both Title V and MHD. DOH is represented by OMCH staff on the Children's Treatment and Services subcommittee of the MHD Mental Health Planning and Advisory Committee.

/2007/The Mental Health Workgroup no longer works with MHD./2007//

Disability Determination Service (DDS) and Social Security Administration (SSA): The CSHCN section maintains a Memorandum of Understanding with DDS in order to provide information to families of children under the age of 16 who apply for SSI. DDS provides data files of all SSI applicants up to age 16 to the CSHCN program. Local CSHCN Coordinators contact families to inform them of local programs and services.

Division of Developmental Disabilities' Infant Toddler Early Intervention Program (ITEIP): OMCH is an active participant in coordinating efforts to implement Part C of the Individuals with Disabilities Education Act (IDEA). Through an Interagency Agreement with DSHS, the Department of Community, Trade, and Economic Development (CTED), the Department of Services for the Blind, and Office of Superintendent of Public Instruction (OSPI); DOH works proactively with these partners to ensure a comprehensive statewide system of early intervention services for eligible infants and toddlers with disabilities (birth to three years) and their families. CHILD Profile has an interagency agreement with DSHS to distribute brochures that include development information for parents of children between 3 and 18 months of age. The brochures provide parents with the resources to access early intervention services.

/2007/ Office of the Deaf and Hard of Hearing (ODHH): Genetic Services works with ODHH to link members of the Deaf and Hard of Hearing community to families with infants diagnosed with hearing loss./2007//

Office of Procedures and Policy: This DSHS program participates on the Perinatal Partnership Against Domestic Violence (PPADV). The PPADV reviews training materials, provides training and marketing of the PPADV curriculum, locates funding, and promotes awareness of domestic violence in the perinatal period. The PPADV has recently expanded its partnerships and includes multiple organizations.

/2007/The PPADV no longer convenes./2007//

#### 4. OMCH Relationships with the Office of Superintendent of Public Instruction (OSPI)

OMCH maintains a collaborative partnership with OSPI through a number of programmatic efforts. The Immunization Program works with OSPI's Health Services Supervisor on issues involving immunization requirements for school entry. CAH has an interagency agreement with OSPI that pays the salary for a .5 FTE to coordinate school nurse issues. Washington State received a Coordinated School Health Grant from CDC. This is a partnership between DOH and OSPI. CSHCN and CAH participate on the Coordinated School Health Interagency Committee, and work to align this effort with related adolescent health and mental health planning initiatives. The CSHCN Program works with OSPI to identify appropriate health outcomes for children with special health care needs. OMCH also participates on an interagency team called STEPS (Sequenced Transition for Education in Public Schools) that addresses transition issues for children birth to school age. School Nurse Corps supervisors participate in MCH Regional meetings. Representatives from OSPI, CTED, DSHS, and the FPC make up the joint Healthy Youth Survey planning committee. These same organizations, along with other state and local agencies, are members of the Washington State Partnership for Youth (WSPY). The purpose of WSPY is to develop a plan for improving adolescent health in Washington State. The CAH Youth Development Team collaborated with OSPI and other stakeholders to develop the Guidelines for Sexual Health Information and Disease Prevention as directed by the state Legislature.

/2007/IPCP works with OSPI to distribute child development and school readiness information. CSHCN participates in monthly OSPI school nurse corps meetings.

The interagency agreement between CAH and OSPI that supported a .5 FTE to coordinate school nurse issues ended on 6/30/06 and was not renewed because of cuts in MCH block grant funding. //2007//

## 5. OMCH Relationships with Hospitals and Other Specialized Services.

Children's Hospital and Regional Medical Center (CHRM): OMCH works with CHRM through a contract with the Center for Children with Special Needs (CCSN) to provide data and information to families, providers, and policy makers regarding health issues for children with special health care needs and their families. The Genetic Services section also contracts with CHRM to provide technical assistance to birthing hospitals in Washington that are initiating or already conducting Universal Newborn Hearing Screening. CHILD Profile collaborates with CHRM to develop and disseminate injury prevention materials for parents of children birth to six years in Washington State.

Mary Bridge Children's Hospital and Health Center (MBCHHC): MBCHHC assists CSHCN in developing and disseminating guidelines to primary care providers for the care of high-risk infants as part of their discharge plan. Additionally, MBCHHC is the site of one of 14 MCH supported neurodevelopmental centers (NDCs) and the Maxillofacial Review Team for Southwest Washington.

/2007/The contract with MBCHHC to develop materials related to high-risk infants ended 6/30/06 and was not renewed because of cuts in MCH block grant funding. //2007//

Regional Genetic Clinics (RGC): Six RGCs are located throughout the state and are funded to provide clinical genetic services for the MCH population as well as provide educational outreach to the communities. Data generated by the RGCs are used for program planning and policy development.

/2007/There are 17 RGCs.//2007//

Regional Perinatal Programs: Through contracts with OMCH, four regional perinatal programs provide consultation and training to health care providers with a focus on specialized care for high-risk pregnant women and neonates.

Perinatal Advisory Committee (PAC): The statewide Perinatal Advisory Committee, staffed by OMCH, brings together representatives from tertiary care centers, professional organizations, consumer groups, and state agencies to review and assess perinatal health issues and advise DOH and DSHS, HRSA in developing policies and practices to improve perinatal outcomes.

Community Health Clinics (CHC): CHCs play a major role in providing access to direct health services as LHJs continue to move toward core public health functions. Most CHCs are also First Steps providers and participate in First Steps education updates sponsored by OMCH and HRSA. Community Health Clinic Dental Clinics participate with the OMCH Oral Health Program to collaborate on community-based preventive oral health programs such as school sealants and as a referral base for WIC and Head Start children.

Native American Tribes: OMCH works with the DOH tribal liaison to explore ways to expand and improve communication with tribes in Washington State. Specific actions include working with the American Indian Health Commission, expanded use of the DOH Tribal Connections Web site, and using expanded tribal email contact lists for dissemination of information.

Universities and Libraries: DOH collaborates with the UW in a project using the State Capacity Grant for Prevention of Secondary Disabilities. This project is supported by a cooperative agreement with the Centers for Disease Control and Prevention to assess the types and prevalence of secondary disabilities and form local advisory councils to promote a public awareness campaign and implement strategies to prevent secondary disabilities. CHILD Profile contracts with the UW to evaluate the CHILD Profile (CP) Health Promotion System, translate materials into additional languages, and maintain the CP Web site.

/2007/ Genetic Services works with the UW Center for Health Policy and the Institute for Public Health Genomics on a variety of training and research endeavors.//2007//

OMCH uses MCH block grant funds to contract with programs within UW's Center on Human Development and Disability (CHDD) that receive Leadership Education for Neurodevelopmental Disabilities (LEND) grants. These contracts extend and enhance MCH priorities in the areas of CHILD Profile, nutrition, high-risk infants and children, adolescent transition, medical home, and emotional behavior in very young children.

CAH works with the UW School of Education, Early Childhood, and Teen Telecommunications Network to foster leadership on issues of parents and teens and pre-teens at the state and local levels. OMCH works with the UW School of Pediatric Dentistry on oral health issues that impact pregnant women, infants, children, and youth.

## 6. OMCH Relationships with Other Agencies and Programs

Managed Care Plans: CSHCN staff, in partnership with HRSA and LHJs continue to work with Medicaid managed care plans to meet requirements of the CMS 1915B waiver requiring HRSA to identify, track, and coordinate care for children in managed care who are also served by Title V, and to allow families to request an exemption from managed care if needed. Plan representatives have become a part of the quarterly CSHCN Communication Network meetings. The CSHCN Program is also working with managed care plans to identify practical ways for providers to develop and provide medical homes for all children.

Foundation for Early Learning (FEL): CHILD Profile and FEL are partnering to revise and distribute both the birth to 18 months and the 18 months to 4 years development charts for parents. The charts address social, emotional, physical, language, motor, and cognitive development and provide parents with specific activities that will support their child's development. FEL also partnered with CP to distribute a booklet titled "Getting School Ready" to parents of 4-year olds in Washington State.

//2007//OMCH collaborated with FEL and the Head Start State Collaboration Office to develop Kids Matter, a strategic plan for improving early childhood services.//2007//